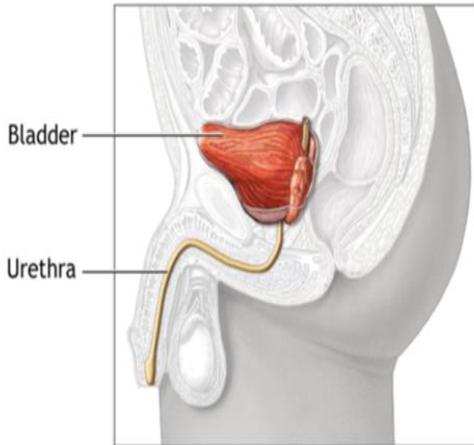


SCI

NEUROGENIC BLADDER WHAT YOU NEED TO KNOW



BLADDER CHANGES AFTER A SPINAL CORD INJURY (SCI)

The bladder is made of muscles that stretch and fill with urine. There are two sphincters that control the release of that urine. The spinal cord controls both the bladder muscles and the two sphincters. When your spinal cord is injured your body's ability to control those muscles may be affected. This is called neurogenic bladder. You may need to use a catheter (a flexible tube inserted into the bladder) to help empty your bladder. Your SCI/D Provider may also prescribe medications to help treat other complications. There are two common types of neurogenic bladder dysfunction: spastic and flaccid bladder.

Complications:

There are many complications that can arise related to neurogenic bladder including:

- Increased risk for Urinary Tract Infections (UTI)
- Increased risk for bladder stones
- **Autonomic Dysreflexia (AD)**
- Leaking
- Bladder spasms
- Ineffective bladder emptying

Spastic Bladder:

Bladder muscles are constantly contracting and trying to drain urine. Your sphincters are also constantly contracting and may not allow urine to drain.

Flaccid Bladder:

Bladder muscles may be relaxed which can cause urine retention. Your sphincters can also be relaxed which may lead to leaking of urine.

Most Veterans with either spastic or flaccid bladder, may not be able to control the muscles in the bladder or the sphincters. This creates an inability to start voiding or fully empty the bladder. Often, Veterans with neurogenic bladder need to start a bladder management program. Fluid management is also important. You should try to drink at least 50-75 ounces a day and monitor for swelling in your legs during the day as well.

- Hydronephrosis

UTI Signs and Symptoms

- Fever
- Chills
- Pain
- Burning
- Increased spasms
- Bad smelling urine
- Bloody urine
- Sediment/cloudy urine

No single management program works for everyone. Injury levels and bladder function will vary.

There are many factors to consider in determining which option will work best for you.

Discuss your treatment plan and any questions you have with your SCI/D Provider and SCI/D Team.

BLADDER MANAGEMENT OPTIONS

Urethral Indwelling Catheter:

An indwelling catheter is inserted into the bladder through the urethra and stays in place for extended periods (changed once a month). The catheter continuously empties the bladder into a collection device.

Suprapubic Indwelling Catheter:

It is like the urethral catheter; however, it is inserted into the bladder through a surgical opening in the lower abdomen.

Intermittent Catheterization (IC):

You or your caregiver empty your bladder at specified time intervals by inserting a catheter into the bladder, draining the bladder and then removing the catheter. This option requires training from staff and requires careful fluid monitoring. The goal of IC is to have no more than 500 ml in the bladder. IC can be done using a clean or sterile procedure.

Voiding/Reflex Voiding:

This option requires partial ability to control the sphincter to release of urine. This may not be appropriate for everyone.

Surgical Procedures/Urinary Diversion:

Surgical procedure that diverts urine from typical urethral elimination. Careful consideration is needed to pursue this option and needs to be discussed with your SCI/D Provider.